



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES

SUPERVISOR'S MANDATORY REFERRAL REPORT

TO BE COMPLETED BY SUPERVISOR

Employee's Name _____

Department/Bureau/Division _____

Supervisor's Name Completing Report _____

Date report completed _____

Supervisor's Phone Number _____

Review the items below and comment in detail where appropriate. Attach additional sheets, if necessary.

BASIS FOR REFERRAL

Attendance Problems: _____

Work Patterns/Job Efficiency Problems: _____

Disruptive or Insubordinate Behavior: _____

Workplace Threats and Violence Policy Violation: _____

Alcohol and Drug Use Policy Violation or Other Alcohol and/or Drug Problems: _____

Stress or Other Personal Problems Affecting Job Performance, Behavior, and/or Attendance: _____

CORRECTIVE ACTIONS TAKEN

Counseling: _____

Oral Reprimands: _____

Written Reprimands: _____

Suspensions (specify number of days and if last chance notice): _____

Other (specify): _____